

Refusal of Care / Transport Information Sheet

Dear Patient:

This form has been given to you because you have refused treatment and/or transport by our service. Your health and safety are our primary concern. Even though you have decided not to accept the advice of the EMS provider, please remember the following:

- ✓ The evaluation and/or treatment provided to you by the ambulance service is not a substitute for medical evaluation and treatment by a doctor. You are advised to get medical evaluation and treatment by a doctor.
- ✓ Your condition may not seem as bad to you as it actually is. Without treatment, your condition or problem could become worse. If you are planning to get medical treatment, a decision to refuse treatment or transport by us may result in a delay that could make your condition or problem worse.
- ✓ Medical evaluation and/or treatment may be obtained by calling your doctor, if you have one, or by going to any hospital emergency department in this area, all of which are staffed 24 hours a day by emergency physicians. You may be seen at these emergency departments without an appointment.
- ✓ If you change your mind or your condition becomes worse and you decide to accept treatment and transport by a 911 emergency ambulance service, please do not hesitate to recontact 911.
- ✓ Do not wait! When medical treatment is needed, it's usually better to get it right away. Any delay in time could cause permanent injury or death.

Signature of Patient _____ Date _____

Signature of Witness _____ Date _____

Print name of Witness _____

Signature of Senior Provider _____ Date _____

EMS Refusal of Care / Transport Worksheet

Patient Information

Name: _____ Age: _____ Date: _____

Call Location: _____ PCR # _____

Patient Assessment (complete each item)

Oriented to:	Yes	No
a. Person?	<input type="checkbox"/>	<input type="checkbox"/>
b. Place?	<input type="checkbox"/>	<input type="checkbox"/>
c. Time?	<input type="checkbox"/>	<input type="checkbox"/>
d. Situation?	<input type="checkbox"/>	<input type="checkbox"/>
e. Altered level of consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
f. Head Injury?	<input type="checkbox"/>	<input type="checkbox"/>
g. Alcohol / drug ingestion by exam or history?	<input type="checkbox"/>	<input type="checkbox"/>
h. Medical Control contacted at _____ hrs by: <input type="checkbox"/> Phone <input type="checkbox"/> Radio - Medical Control # _____		

Orders: Unable to contact Medical Control explain on occurrence report.

_____ Indicated treatment and/or transport may be refused by patient.

_____ Use reasonable force and/or restraints to provide indicated treatment.

_____ Use reasonable force and/or restraint to transport.

_____ Patient refusal against medical advice.

i. Patient advised of the following:

_____ Medical treatment/evaluation recommended

_____ Ambulance transport recommended

_____ Further harm could result without medical treatment or evaluation

_____ Transport by means other than ambulance could be hazardous in light of present illness / injury

_____ Patient provided with refusal advice worksheet

_____ Patient would not accept refusal advice worksheet

j. Disposition Occurrence report used and filed with chiefs office.

_____ Refused all EMS services.

_____ Refused transport, accepted field treatment.

_____ Refused field treatment, accepted transport.

_____ Released in care of self / relative / friend.

_____ Released in custody of law enforcement Agency: _____ Sector _____ Shield